

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
79/890771
FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2					1	
3			1		1	
4			1		1	
5					1	
6			1		1	
7			1		1	
8			2		2	
9			2		2	
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TOTAL IND.			1		1	
TOTAL DEP.			19		19	
TOTAL CLAIMS			20		20	

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TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy